

|   |   |                             |                  |   |  |   |  |      |
|---|---|-----------------------------|------------------|---|--|---|--|------|
| <b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b><br><b>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>   |   |                             |                  | 1. REQUISITION NUMBER<br>0040318116   |  | PAGE OF<br>1 2  |  |      |
| 2. CONTRACT NO.   |   | 3. AWARD/<br>EFFECTIVE DATE | 4. ORDER NUMBER  |   | 5. SOLICITATION NUMBER<br>A17PS00258                   |   | 6. SOLICITATION<br>ISSUE DATE<br>01/25/2017        |      |
| 7. <b>FOR SOLICITATION<br/>INFORMATION CALL:</b>  |   | a. NAME<br>Ryan Geffre      |                  |   | b. TELEPHONE NUMBER (No collect calls)<br>703-390-6356 |   | 8. OFFER DUE DATE/LOCAL TIME<br>01/27/2017 1400 ET |      |
| 9. ISSUED BY<br><br>BIA CENTRAL 00016<br>12220 Sunrise Valley Drive<br>Contracting Office<br>Reston VA 20191  |   |                             |                  | CODE A16<br><br>10. THIS ACQUISITION IS<br><input checked="" type="checkbox"/> SMALL BUSINESS<br><input type="checkbox"/> HUBZONE SMALL BUSINESS<br><input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS<br><input type="checkbox"/> UNRESTRICTED OR<br><input checked="" type="checkbox"/> SET ASIDE: 100.00 % FOR:<br>WOMEN-OWNED SMALL BUSINESS<br><input type="checkbox"/> (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM<br><input type="checkbox"/> EDWOSB<br><input type="checkbox"/> 8(A)<br>NAICS: 541990<br>SIZE STANDARD: \$15.0 |  |   |  |      |
| 11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED<br><input type="checkbox"/> SEE SCHEDULE  |   | 12. DISCOUNT TERMS          |                  | <input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)<br><br>13b. RATING   |  | 14. METHOD OF SOLICITATION<br><input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP |  |      |
| 15. DELIVER TO<br><br>BIA Trust Services<br>1849 C Street NW<br>MS-4070 MIB<br>Washington DC 20240  |   |                             |                  | CODE 0009061820<br><br>16. ADMINISTERED BY<br><br>DOI, BIA CENTRAL<br>Contracting Office<br>12220 Sunrise Valley Drive<br>Reston VA 20191   |  |   |  |      |
| 17a. CONTRACTOR/<br>OFFEROR   |   | CODE                        | FACILITY<br>CODE | 18a. PAYMENT WILL BE MADE BY  |  |   |  | CODE |
| TELEPHONE NO.   |   |                             |                  | <input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER<br><br>18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK 18a IS CHECKED <input type="checkbox"/> SEE ADDENDUM  |  |   |  |      |
| 19. ITEM NO.  | 20. SCHEDULE OF SUPPLIES/SERVICES   |                             |                  | 21. QUANTITY  | 22. UNIT   | 23. UNIT PRICE  | 24. AMOUNT   |      |
| 00010   | SEE ATTACHMENTS FOR ALL DETAILS.<br>Legacy Doc #: IA<br>Delivery: 01/31/2018<br><br>Breach Support<br><br>Period of Performance: 02/01/2017 to 01/31/2018<br><br>(Use Reverse and/or Attach Additional Sheets as Necessary) |                             |                  |   |  |   |  |      |
| 25. ACCOUNTING AND APPROPRIATION DATA   |   |                             |                  |   |  | 26. TOTAL AWARD AMOUNT (For Govt. Use Only)   |  |      |
| <input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA  |   |                             |                  |   |  | <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.   |  |      |
| <input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA   |   |                             |                  |   |  | <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.   |  |      |
| <input type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED. |   |                             |                  | <input type="checkbox"/> 29. AWARD OF CONTRACT: _____ OFFER DATED _____. YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:  |  |   |  |      |
| 30a. SIGNATURE OF OFFEROR/CONTRACTOR  |   |                             |                  | 31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)  |  |   |  |      |
| 30b. NAME AND TITLE OF SIGNER (Type or print)   |   | 30c. DATE SIGNED            |                  | 31b. NAME OF CONTRACTING OFFICER (Type or print)  |  | 31c. DATE SIGNED  |  |      |
|   |   |                             |                  | Ryan Geffre   |  |   |  |      |

| 19.<br>ITEM NO. | 20.<br>SCHEDULE OF SUPPLIES/SERVICES | 21.<br>QUANTITY | 22.<br>UNIT | 23.<br>UNIT PRICE | 24.<br>AMOUNT |
|-----------------|--------------------------------------|-----------------|-------------|-------------------|---------------|
|                 |                                      |                 |             |                   |               |

32a. QUANTITY IN COLUMN 21 HAS BEEN

☐ RECEIVED      ☐ INSPECTED      ☐ ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: \_\_\_\_\_

|   |                        |                                    |   |                       |
|---|------------------------|------------------------------------|---|-----------------------|
| 32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE          |                        | 32c. DATE                          | 32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE                               |                       |
| 32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE    |                        |                                    | 32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE                                     |                       |
|   |                        |                                    | 32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE   |                       |
| 33. SHIP NUMBER   | 34. VOUCHER NUMBER     | 35. AMOUNT VERIFIED<br>CORRECT FOR | 36. PAYMENT   | 37. CHECK NUMBER      |
| <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL |                        |                                    | <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL |                       |
| 38. S/R ACCOUNT NUMBER  | 39. S/R VOUCHER NUMBER | 40. PAID BY                        |   |                       |
| 41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT   |                        |                                    | 42a. RECEIVED BY ( <i>Print</i> )   |                       |
| 41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER                  |                        | 41c. DATE                          | 42b. RECEIVED AT ( <i>Location</i> )  |                       |
|   |                        |                                    | 42c. DATE REC'D (YY/MM/DD)  | 42d. TOTAL CONTAINERS |